

Dear Honorable members of the Joint Health and Human Services, my name is Dr. Brianna Keefe-Oates, I am a resident of Portland and I am a reproductive epidemiologist specializing in the impact of policies on sexual and reproductive health outcomes. I am speaking on behalf of myself and my expertise, not my employer, here to support LD 143.

Family planning clinics play a pivotal role in ensuring reproductive autonomy and safeguarding individual and public health. By providing essential services, often at low or no cost, such as contraception, pregnancy testing, sexually transmitted infection (STI) testing, breast cancer screenings, and pap smears, these clinics support the health of individuals and communities.

In Maine, over 30,000 patients annually rely on these clinics, with more than 60 service sites spread across the state. Many patients seek care at these clinics because they cannot afford services elsewhere, or face obstacles using insurance elsewhere. These clinics are especially important in rural areas, where access to obstetrics, gynecology, and primary care services is already dwindling. Without these essential services, health outcomes in Maine could deteriorate.

As a reproductive epidemiologist, I'm constantly monitoring the data to understand how changes in policies may impact sexual and reproductive health outcomes. In other states, when family planning funding has been reduced in the past there were severe consequences.

In Texas, for example, the availability of effective birth control methods, especially intrauterine devices (IUDs), decreased significantly. The rates of pregnancies among teenagers and people covered by Medicaid increased. These statistics, taken together, suggest a lack of access to people's preferred contraceptive method. Nationwide, when the first Trump administration restricted funds to certain family planning clinics, the number of people served by family planning clinics decreased by half, with much of that decrease attributed to the loss of funding. Almost a million teenagers lost access to a clinic within a 30 minute drive.

If Maine experiences similar cuts, especially in rural areas, many individuals could lose access to vital care. This would have disastrous implications for many communities, especially for those who rely on these clinics as their primary healthcare provider.

This comes at a time when Maine faces alarming trends in the rise of sexually transmitted infections, particularly syphilis and gonorrhea, the rates of which have been increasing. For the first time in almost 30 years, the state has reported cases of congenital syphilis in two consecutive years. There has also been an increase in HIV cases in Penobscot County while the percentage of women ages 18-64 who have ever had an HIV/AIDS test is less than 50 percent, lower than the national average. With many of these infections, adequate testing can ensure fast, effective treatment and prevent further spread.

Family planning clinics are the front line of this effort, offering confidential testing, treatment, and education to ensure the health of individuals and the broader community. Without these services, Maine risks facing a public health crisis that could worsen.

On other measures, Maine has been a leader: the state leads in the percentage of eligible people who receive cervical cancer screenings, a vital tool to detect and treat cancer. The state also leads the nation in the percentage of women who say they have a usual source of healthcare. Reducing funding for family planning clinics could jeopardize this progress.

Maine's family planning clinics are vital to the health and well-being of its residents, particularly those without access to other healthcare services. To maintain these services, the state must increase its funding for family planning services. Ensuring that these clinics remain open and accessible to all Mainers, regardless of income or location, is not just an investment in individual health, but an investment in the health of the entire state.

Maine has the opportunity to lead by example, demonstrating the value of accessible healthcare services that reach all corners of the state.